

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	4		12			
TOTAL DEP.	67		14			
TOTAL CLAIMS	71		16			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
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95	/		/			
96	/		/			
97	/		/			
98	/		/			
99	/		/			
100	/		/			
TOTAL IND.	4		4			
TOTAL DEP.	4		4			
TOTAL CLAIMS	8		8			